

Case Number:	CM14-0094932		
Date Assigned:	09/15/2014	Date of Injury:	05/02/2012
Decision Date:	02/28/2015	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 58 year old male who was injured on 5/2/2012. The diagnoses are low back pain, lumbar radiculopathy, right shoulder degenerative joint disease, AC arthrosis and right shoulder pain. There are associated diagnoses of gastritis and myofascial pain. The 2013 MRI of the right shoulder showed AC arthrosis, supra/infraspinatus tendinosis and labral tear. The patient completed PT, chiropractic and acupuncture treatments. There was subjective complaint of right shoulder pain rated at 4-8/10 on a scale of 0 to 10. There physical examination showed decreased range of motion of the right shoulder with tenderness to palpation over the acromioclavicular joint. The medications listed are multiple topical products and unspecified oral medications. A Utilization Review determination was rendered on 6/12/2014 recommending non certification for right shoulder ultrasound guided subacromial steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right Shoulder ultrasound guided subacromial steroid injection.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Shoulder Injections.

Decision rationale: The CA MTUS- ACOEM and the ODG guidelines recommend that interventional steroid injections to the joints can be utilized for the treatment of severe joint arthritic pain when conservative treatment with medications and physical therapy have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with right shoulder AC arthritis. The patient have completed and failed conservative treatments with physical therapy and medications management. The criteria for ultrasound guided steroid injection of the right shoulder subacromium was met.